



Nebraska Workers' Compensation Court

JOB SEARCH ACTIVITY LOG - MILEAGE REIMBURSEMENT REQUEST

NAME: _____ SOCIAL SECURITY #: _____

Report Period: From: _____ To: _____
(Date) (Date)

TO BE COMPLETED BY EMPLOYEE:	
Total miles traveled this report period (from back)	=
Mileage rate	X \$.505
Total actual mileage amount	\$

Any request for reimbursement exceeding 345 miles per week must include an explanation and be approved by the vocational rehabilitation counselor

FOR COURT USE ONLY:	
Total actual mileage amount	\$
Maximum weekly amount = 345 miles 345 miles X \$.505 = \$174.23	
Number of weeks this report period	X \$174.23 \$
REIMBURSEMENT IS LIMITED TO THE LOWEST OF THE TWO AMOUNTS SHOWN ABOVE	
Total amount to be paid to employee	\$

Mail my check to: _____

☐ CHECK HERE IF THIS IS A NEW ADDRESS

I certify that the above information is correct to the best of my knowledge.

(Employee Signature)

(Date)

SUBMIT COMPLETED FORM TO YOUR VOCATIONAL REHABILITATION COUNSELOR FOR VERIFICATION

(Vocational Rehabilitation Counselor Signature)

(Date)

Approved by:

(Court Vocational Rehabilitation Specialist Signature)

(Date)

COMPLETE JOB SEARCH ACTIVITY LOG ON BACK

COMPLETE THIS LOG FOR EACH EMPLOYER CONTACT WHETHER OR NOT TRAVEL WAS INVOLVED

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